

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE



Please type or print in ink.

2009

A Public Document

NAME (LAST) <b>Brown</b>	(FIRST) <b>Valerie</b>	(MIDDLE) <b>Kent</b>	DAYTIME TELEPHONE NUMBER [REDACTED]
MAILING ADDRESS STREET (Business Address Acceptable) [REDACTED]		CITY [REDACTED]	ZIP CODE [REDACTED]
OPTIONAL: E-MAIL ADDRESS [REDACTED]			

1. Office, Agency, or Court

Name of Office, Agency, or Court:

**Board of Supervisors**

Division, Board, District, if applicable:

**First District**

Your Position:

**Sonoma County Supervisor**

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

**Sonoma - Marin SMART Area Rail Transit**

Position:

**Director**

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ County of **Sonoma**

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

4. Schedule Summary

► Total number of pages including this cover page: **5**

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached  
Investments (10% or Greater Ownership)

Schedule B ☒ Yes - schedule attached  
Real Property

Schedule C ☐ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached  
Income - Gifts

Schedule E ☒ Yes - schedule attached  
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date signed

**3/16/10**

(month, day, year)

Sign:

[REDACTED SIGNATURE]

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Valerie K. Brown

STREET ADDRESS OR PRECISE LOCATION  
1491 Dawn Hill Road

CITY  
Glen Ellen, CA

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:  
ACQUIRED      /      / 09 DISPOSED      /      / 09

NATURE OF INTEREST  
☒ Ownership/Deed of Trust ☐ Easement  
☐ Leasehold      Yrs. remaining ☐ Other     

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
      
    

STREET ADDRESS OR PRECISE LOCATION  
17319 - 21 Hillside

CITY  
Sonoma, California

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:  
ACQUIRED      /      / 09 DISPOSED      /      / 09

NATURE OF INTEREST  
☒ Ownership/Deed of Trust ☐ Easement  
☐ Leasehold      Yrs. remaining ☐ Other     

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
      
    

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*  
Washington Mutual

ADDRESS (Business Address Acceptable)  
    

BUSINESS ACTIVITY, IF ANY, OF LENDER  
    

INTEREST RATE  
5 3/4 % ☐ None

TERM (Months/Years)  
15 years

HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☐ OVER \$100,000  
☐ Guarantor, if applicable

NAME OF LENDER\*  
Aurora Loan Services

ADDRESS (Business Address Acceptable)  
    

BUSINESS ACTIVITY, IF ANY, OF LENDER  
    

INTEREST RATE  
4 1/2 % ☐ None

TERM (Months/Years)  
30 years

HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☐ OVER \$100,000  
☐ Guarantor, if applicable

Comments:

**SCHEDULE D**  
**Income - Gifts**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name Valerie K. Brown

► NAME OF SOURCE  
Tito Sasaki  
ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Farm Bureau Crab Feed

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/7/09</u>	<u>90.00</u>	<u>ticket to Crab feed</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE  
Sonoma County Fair  
ADDRESS (Business Address Acceptable) \_\_\_\_\_  
PO Box 1536, Santa Rosa 95402

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7/26/09</u>	<u>420.00</u>	<u>Fair passes &amp; director luncheons</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE  
Steve Paige  
ADDRESS (Business Address Acceptable) \_\_\_\_\_  
Hwy 37 @ 121, Sonoma CA 95476

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Infinion Raceway

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/21/09</u>	<u>250.00</u>	<u>2 NASCAR Race tickets</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE  
Sonoma Golf Club  
ADDRESS (Business Address Acceptable) \_\_\_\_\_  
17700 Arnold Drive, 95476

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/26/09</u>	<u>240.00</u>	<u>4 tickets to Charles Schwab golf tournament</u>
<u>11/1/09</u>		
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name Valerie K. Brown

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE  
California State Assn. of Counties  
ADDRESS (Business Address Acceptable)  
1100 K Street, Ste 101  
CITY AND STATE  
Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Advocacy for Counties & their residents  
DATE(S): 1/1/09 12/31/09 AMT: \$ 1,436.99  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income  
DESCRIPTION: Travel, meals & lodging for volunteer service as a member of the CCA Board of Directors.

▶ NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
DESCRIPTION: \_\_\_\_\_

▶ NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
DESCRIPTION: \_\_\_\_\_

▶ NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
DESCRIPTION: \_\_\_\_\_

Comments: \_\_\_\_\_

Attachment to California Form 700  
Statement of Economic Interests  
2009/2010  
Cover Page – Continued

Sonoma County Transportation Authority - Director

Regional Climate Protection Authority - Director

Bay Conservation and Development Commission – Commissioner

Sonoma County Indian Gaming Local Community Benefit Committee - Member